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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/699,372	
	Filing Date	October 31, 2000	
	First Named Inventor	Courtney HUDSON	
	Art Unit	3626	
	Examiner Name	Rachel L. PORTER	
Total Number of Pages in This Submission	15	Attorney Docket Number	25737.0002

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Chadwick A. Jackson, Reg. No. 46,495 Swidler Berlin LLP
Signature	
Date	February 28, 2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:
Courtney HUDSON

Serial No.: 09/699,372

Filed: 10/31/2000



Art Unit: 3626

Examiner: PORTER, Rachel L.

Title: SYSTEM AND METHOD FOR
MATCHING PATIENTS WITH CLINICAL
TRIALS

AMENDMENT AND REPLY

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Sir:

Applicant files this REPLY to the final Office Action mailed February 13, 2006, for the above-captioned application. The Commissioner is authorized to credit any overpayment or charge any deficiency to Deposit Account No. 19-5127, Order No. 25737.0002.

Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 13 of this paper.

Please amend the Application as set forth in the Amendments below.